



PACIFIC LIFE INSURANCE COMPANY

Lynchburg Operations | 6750 Mercy Rd., Ste. B, Omaha, NE 68106
 P.O. Box 2873, Omaha, NE 68103
 (844) 276-0193 • Fax (949) 219-8811 • www.PacificLife.com

RELEASE OF ASSIGNMENT

Insured's Name: First MI Last	Policy Number(s)
Policyowner's Name	Telephone Number (include area code)

1 ASSIGNEE INFORMATION

Assignee's Name	Attention (if applicable)	Date of Original Assignment
Address: Street City State Zip Code	Telephone Number (include area code)	

2 SIGNATURES


I authorize Pacific Life Insurance Company to release the assignment indicated above. For value received, the assignment is fully released and reassigned to the assignor.

Each of the undersigned attests that no bankruptcy, insolvency or similar proceedings have been filed or commenced by or against him/her, and that no bankruptcy proceedings are now pending.


If you are signing on behalf of an entity, you represent that you are authorized to execute this document and make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust), have been met.

SIGNED AND DATED ON:

Date (mm/dd/yyyy)

 X	Assignee's Name: First MI Last (print) Title, if applicable
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Assignee's* Signature

 X	Additional Assignee's Name: First MI Last (print) Title, if applicable
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Additional Assignee's* Signature

*If a Corporation, Trust or Business Entity, the full name of the Corporation, Trust or Business Entity must be shown below.

Corporation, Trust, or Business Entity's Name

INSTRUCTIONS

When to use this form:	This form is used to release a collateral assignment when a debt has been repaid on a collaterally assigned policy.
Who must sign this form:	ASSIGNEE(S) – Required. If the assignee(s) is an individual, all individuals must sign. If the assignee is a Corporation, Business Entity, or Trust, all signatures required by the governing documents or the trust agreement (if a Trust) must be included, in addition to the authorized representative(s) title or signing capacity.
Where to send this form:	Regular Mail: Pacific Life Insurance Company, P.O. Box 42001, Lynchburg, VA 24506. Overnight Mail: Pacific Life Insurance Company, 750 Main Street, Lynchburg, VA 24504 Fax: (949) 219-8811

PRODUCER: PROVIDE A PHOTOCOPY OF THIS SIGNED FORM TO ALL SIGNING PARTIES.